



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS  
AND MARRIAGE AND FAMILY THERAPISTS  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
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[www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

APPLICATION FOR CLINICAL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION  
PROFESSIONAL COUNSELING SUPERVISION VERIFICATION FORM  
FORM E

INSTRUCTIONS: Please print or type. **NO FAXED FORMS ACCEPTED.**

**APPLICANT**

- **Complete Part I** and forward this form to each supervisor from the organization or agency in which you completed your directed experience practicing Professional Counseling. Complete a separate form for each Directed Experience Supervisor listed in your application. Use this form to only verify Professional Counseling supervision.

- If you need additional forms, you may photocopy this form.

**DIRECTED EXPERIENCE SUPERVISOR**

- The Directed Experience Supervisor must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.
- "Supervision" means the direct clinical review by a Supervisor for the purpose of training or teaching of a Professional Counselor's interaction with a client.

**PART I - APPLICANT**

NAME OF APPLICANT: \_\_\_\_\_  
First Middle Last Maiden

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**PART II - DIRECTED EXPERIENCE SUPERVISOR**

I HEREBY CERTIFY THAT I SUPERVISED THE ABOVE-NAMED INDIVIDUAL IN THE PRACTICE OF PROFESSIONAL COUNSELING AS FOLLOWS:

**SUPERVISION:**

Supervision Provided:	From: (Month/Year)	To: (Month/Year)	Total Number of Hours:
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Description of Practice Supervised: \_\_\_\_\_

I attest that I served as this Applicant's Directed Experience Supervisor, as defined above, that this description is a true and accurate representation of my supervision of this Applicant, and I:

☐ Recommend ☐ Do Not Recommend this Applicant for licensure.

\_\_\_\_\_  
Date Signature of Directed Experience Supervisor

Highest Level of Education Completed Master's \_\_\_\_\_ EdD \_\_\_\_\_ PhD \_\_\_\_\_ Other \_\_\_\_\_

Years of Experience After License Issued: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

License Type:	License #:	State:	Date Originally Issued:	Exp. Date:
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Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_.

NOTARY SEAL